

RIGHT-OF-WAY USE/EXCAVATION PERMIT APPLICATION

PERMIT NUMBER **ROW** _____ - _____

A. ADDRESS (ROW ACTIVITY): _____

CONTRACTOR: _____

AGENT/APPLICANT: _____

ADDRESS: _____

PHONE: _____ FAX: _____

LIC. NO: _____ BUSINESS LIC NO: _____ INDIVIDUAL

EMERGENCY CONTACT: _____ PHONE # _____

B. TYPE OF ACTIVITY: _____

___ 1) ANNUAL OSL / OWL ___ 2) BORE/PVMT ___ 3) CABLE SPLICING

___ 4) DUMP/POD PLCLMT ___ 5) EXT BLD WORK ___ 6) FIBER OPTICS

___ 7) LOADING ZONE ___ 8) MONIT WELL ___ 9) PARK LN USE

___ 10) ROW EXCAVATION ___ 11) ROW USE ___ 12) SEWER TAP

___ 13) TRAFFIC LN USE ___ 14) UTILITY EXC ___ 15) UTILITY USE

___ 16) VALET PARKING ___ 17) WATER TAP

EMERGENCY: ___ YES ___ NO

*REASON USE/EXCAVATION: _____

C. DATES OF WORK:

FROM: _____ TO: _____

HOURS: (CHOOSE ONE OF THE FOLLOWING)

___ REGIONAL CENTER 9:00AM - 3PM

___ THOROUGHFARE 8:15AM - 4PM

___ RESIDENTIAL 7:00AM - 6PM

___ NIGHT WORK 6:00PM - 5AM

___ SPECIAL CONDITIONS/HOURS _____

D. DISTRICT:

___ REGIONAL CENTER (DOWNTOWN AREA)

___ EXCLUDED CITY

STREET CLASSIFICATION:

___ RESURFACED (1-5 YRS ASPH, 1-15 CONC)

___ THROUGHFARE

___ RESIDENTIAL

___ RCU (FOR UTILITY USE ONLY)

E. *CITY PRJ #: _____ **PRJ #:** _____

***NEED PROJECT NUMBER IF CITY PROJECT**

F. AREAS TO BE AFFECTED BY WORK:

___ SIDEWALK

___ SHOULDER

___ CURB LANE/S # OF LANES USED _____

___ TRAFFIC LANE/S # OF LANES USED _____

ENTIRE STREET CLOSURE: YES ___ NO ___

******IF DETOUR ROUTE IS NECESSARY, PLEASE SUBMIT WITH ****
YOUR APPLICATION.**

OF PARKING METERS NEEDED:

BLOCKED _____ REMOVED _____

METER NUMBERS NEEDED: _____

G. EXCAVATIONS:

#	LENGTH	WIDTH	SURFACE	LOCATION OF CUT

BORES:

OF BORES _____ DIAMETER _____

OF BORES _____ DIAMETER _____

OF BORES _____ DIAMETER _____

H. INDEMNIFICATION AGREEMENT:

ALL PERMIT APPLICATIONS MUST BE SIGNED AND DATED: The petitioner/applicant hereby agrees to hold harmless, defend and to indemnify the Department of Code Enforcement and the City of Indianapolis from or against all claims, action, damages and expenses, including but not limited to reasonable attorney's fees or any alleged injury and/or death to any person or damage to any property arising, or alleged to have arisen out of any act of commission or omission on the part of the petitioner/applicant, his/her heirs, successors, or assigns regardless of whether such acts are the direct or indirect result of the public right-of-way use pursuant to this permit grant.

**I AFFIRM, UNDER THE PENALTIES FOR PERJURY, THAT THE FOREGOING
REPRESENTATIONS ARE TRUE.**

PRINT: _____

DATE: _____

SIGNATURE: _____

I. NOTARY USE ONLY:

FOR ANY APPLICANT NOT A GENERAL CONTRACTOR.

SUBSCRIBED AND SWORN TO BEFORE ME, A NOTARY PUBLIC IN

AND FOR SAID COUNTY AND STATE,

THIS _____ DAY OF _____, YEAR _____

STATE OF: _____

COUNTY OF: _____.

NOTARY PUBLIC: _____

SIGNATURE: _____

MY COMMISSION EXPIRES: _____

J. DATE RECEIVED: _____ **ISSUED:** _____

INSPECTOR: _____ CONDITIONS: _____

FEE \$ _____ CODE # _____

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